

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME LTD KIWIS Historical Buidap		DOING BUSINESS AS (DBA) Hallo Berlin	
STREET ADDRESS 626B Tenth Avenue		CROSS STREETS 44 th + 45 th STS	ZIP CODE NY NY 10036
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Bernedette Babiél	ATTORNEY/ REPRESENTATIVE	NAME: George Karp
	PHONE: 607-372-8010		PHONE: 929-286-6400
	EMAIL:		EMAIL: georgekarp29@aol.com
MANAGER	NAME: Owner	LANDLORD	NAME:
	PHONE:		PHONE:
	EMAIL:		EMAIL:
APPLICATION TYPE (Check One)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	Hallo Berlin - Conklin, NY	
	What were the dates applicant was involved with this former premise?	Manager	
<input checked="" type="radio"/> CORPORATE CHANGE <small>Transfer</small>	What is the prior license # and expiration date?	Current	
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?	1027841 - 2017	
<i>Please list/describe the nature of all the changes and attach the plans:</i>			
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization - Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	NO	N/A
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	YES	NO	N/A
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO	N/A
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation		NOON to MIDNIGHT - 7 Days					
	Kitchen		ALL OPEN HOURS					
	Music		ALL OPEN HOURS					
If you plan to have music, what type(s)? (Circle all that apply)			<u>BACKGROUND</u>	LIVE MUSIC	DJ	JUKE BOX	KARAOKE	

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	Under 75	Under 75				1	8
OUTSIDE (Other than sidewalk café)	24	24	6	24			
SIDEWALK CAFÉ	Seats 15	6 Tables	6	15			

How many floors are there? What is the capacity for each floor?

How frequently will the owner(s) be at the establishment?

5 to 6 days per week

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?

YES NO

Will applicant have bottle or table service for beverage alcohol?

YES NO

Will you be hosting private; promotional or corporate events?

YES NO

occasional

Will outside promoters be used on a regular basis? If yes please describe.

YES NO

Will you have a security plan? If, yes please attach.

YES NO

Will security plan be implemented?

YES NO

Will State certified security personnel be used?

YES NO

Will New York Nightlife Association and NYPD Best Practices be followed?

YES NO

N/A

Will applicant be using delivery bicycles? If yes, how many?

YES NO

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?

YES NO

Where will delivery bicycles be stored during the day when not in use?

Inside premises

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO 12 years ago

Community Notification/Relations		
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	<i>The premises has operated in the same manner for only 10 years and its operation is known to the Community and CB 4</i>
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	Name	
Who was your contact person at each group you met with?	Name	
When did applicant post the notice that was provided?	yes - 9/3/15	
Where did applicant post the notice that was provided?	9/3/15	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

BUILDING DESIGN

State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	<input checked="" type="radio"/> NO	<i>Except inside outdoor cafe</i>
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="radio"/> YES	NO	<i>No warranted</i>
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="radio"/> NO	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input checked="" type="radio"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	NO	
Where will the air conditioner be located? What type is it?	<i>Central</i>		
When was the air conditioner installed?	<i>?</i>		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Rear yard
Are the floorplans for the outdoor space(s) included?	YES	<input checked="" type="radio"/> NO	Sketch
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	<input checked="" type="radio"/> NO	
Will there be no amplified music, as per the law?	YES	<input checked="" type="radio"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	<input type="radio"/> NO	Using yard for over 12 years - few complaints all addressed
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

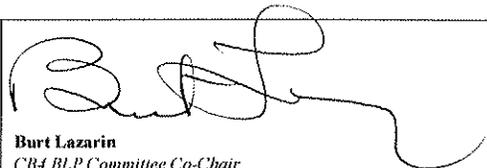
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
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CB4 REPRESENTATIVES

Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>CB4 BLP Committee Co-Chair</i>
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APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →	BERNADETTE <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	9/8/15 <small>DATE</small>
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BERNADETTE
 BABIER

GEORGE KARP

RECEIVED JUL 29 2015
CB4-PG

P.O. BOX 778
NEW YORK, NY 10108

PH: (929) 286-6400

E-mail georgekarp28@aol.com

July 28, 2015

Community Board 4, Manhattan
330 West 42nd Street
New York, NY 10036

Re: KIWIS HISTORICAL BUILDING LTD
626B 10TH Avenue
New York, NY 10036

Dear Sir or Madam:

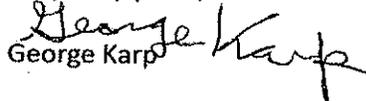
Please take notice that the above named licensee intends to file a Corporate Change application under which Bernadette Babel, the widow of Rolf Babel, her deceased husband, will be formally substituted as sole shareholder, director and officer of the above licensee.

Ms. Babel has managed the restaurant since 2009, without incident and there is no change in the method of operation since it opened in 2002.

This letter is to request that Community Board 4 waive the 30 day waiting period required by the Liquor Authority before the Corporate Change application may be filed.

Thank you for your consideration in this matter.

Very truly yours,


George Karp

GK/msk
BY HAND

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a
 Local Municipality or Community Board**
 (Page 1 of 2 of Form)

RECEIVED JUL 29 2015
 CBT-PC

1. Date Notice was Sent: (mm/dd/yyyy)

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License
 New Application Renewal Alteration Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board

Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: ,NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**For New applicants, provide description below using all information known to date.
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).
 For Current Licensees, set forth approved Method of Operation only.
 Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Karaoke Bar	<input type="checkbox"/> Stage Shows
<input type="checkbox"/> Patron Dancing (small scale)	<input type="checkbox"/> Cabaret, Night Club (Large Scale Dance Club)		<input type="checkbox"/> Catering Facility		
<input type="checkbox"/> Capacity of 600 or more patrons	<input type="checkbox"/> Topless Entertainment	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel		
<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)	<input type="checkbox"/> Club (e.g. Golf Club/Fraternal Org.)	<input type="checkbox"/> Bed & Breakfast			
<input type="checkbox"/> Seasonal Establishment					

15. Licensed Outdoor Area: ("X" all that apply)

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
 (Page 2 of 2 of Form)

RECEIVED JUL 29 2015 (BY PG)

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village: State: Zip Code:

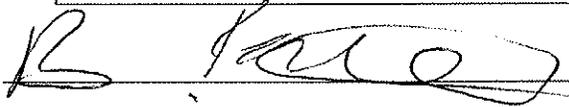
Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village: State: Zip Code:
28. Business Telephone Number of Attorney:
29. Business Email Address of Attorney:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: Title:

Signature: X 

File

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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 (Page 1 of 2 of Form)

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RECEIVED JUN 17 2015

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Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: ,NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**For New applicants, provide description below using all information known to date.
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).
 For Current Licensees, set forth approved Method of Operation only.
 Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)
 Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows
 Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility
 Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
 Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
 Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village: State: Zip Code:
28. Business Telephone Number of Attorney:
29. Business Email Address of Attorney:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: Title:

Signature: X 